

Declaration of Intention of Support

Donor In	formation				
Name (church	n or individual)				_
Street					
City	State	Zip			
E-mail		Phor	e		
Support I	Information				
Missionary Na	ame: Jeremie DODE	LER			
Missionary Fi	eld: FRANCE				
Amount to be	Given \$	Monthly	□Quarterly	□Other	
Date to contin	nue support:				
Additional No	tes:				
Date					
This form give	es Baptist World Mis	sion a record	that can be	e later viewed if nec	essary.
	ion should be sent tistworldmission.org	,	<u>@baptistwo</u>	rldmission.org	
Or please se	nd the information	•			
	В	eth Weaver, [∍rk	
		Baptist Wo P.O. Bo			
		Decatur, AL			

P.S. If you are interested in automatic bank drafting your contribution, we would ask you to speak with Beth Weaver at the mission board. Her phone number is (256) 353-2221 and her e-mail address is listed above. She will send you the bank draft authorization form. You will have the option of selecting the 1st or 15th of the month draft.